



NEWS FROM SIIA MEMBERS

2021 NOVEMBER MEMBER NEWS

SIIA Diamond, Gold & Silver Member News

SIIA Diamond, Gold, and Silver member companies are leaders in the self-insurance/captive insurance marketplace. Provided below are news highlights from these upgraded members. News items should be submitted to membernews@siaa.org.

All submissions are subject to editing for brevity. Information about upgraded memberships can be accessed online at www.siaa.org.

If you would like to learn more about the benefits of SIIA's premium memberships, please contact Jennifer Ivy at jivy@siaa.org.

DIAMOND MEMBERS

VÄLENZ® PROMOTES BRANDY ROBINSON TO CLIENT SERVICES EXECUTIVE

PHOENIX, AZ – Vālenz®, the innovators behind the industry’s most transparent, data-driven ecosystem for providers and payers in healthcare, recently announced that Brandy Robinson has been promoted to Client Services Executive.

Robinson’s new role – under the leadership of Brian Campbell, Vice President of Client Services – will involve working closely with Valenz Assurance clients, both providers and payers, to deliver a complete, customizable range of solutions that ensure credentialing compliance and payment integrity for every claim and episode of care. Robinson’s promotion comes four years after joining Valenz as an account manager.

“Brandy brings a versatile range of talents to the table, including excellence in client service,” said Campbell. “She listens to individual client needs and delivers on her promises. That is how you build relationships for the long term, and connecting people with services that improve

business and financial health is what Brandy does best.”

Robinson agrees that listening and collaborating with clients is key to mutual success. “Through Valenz Assurance we are absolutely committed to ensuring provider credentialing excellence and clean claims to improve our clients’ experiences and outcomes – whether they are providers, payers or patients,” said Robinson. “I think my clients have always valued business partners who listen carefully and give honest, thoughtful feedback and recommendations born from years of industry experience.”

Robinson first joined the firm in 2017 and brings 15+ years of experience as an account executive in sales. She has a degree in Human and Consumer Sciences from Ohio University.

“Valenz is consistently named one of America’s fastest-growing private companies, and I am thrilled to be part of it,” she said. “Harnessing the value of transparency and trust with a client-centered team paves the way to smarter, better, faster healthcare.”



VÄLENZ® APPOINTS ERIC HANNA AS VICE PRESIDENT, CLAIM AND ACCESS SOLUTIONS

PHOENIX, AZ – Välenz®, the innovators behind a data-driven ecosystem of solutions that lower costs while improving quality and access for self-funded health plans, recently promoted Eric Hanna to the position of Vice President, Claim and Access Solutions. Eric brings 15 years' leadership experience in implementation management and claims analysis at Valenz, as well as expertise in business, finance and client services.

“With his deep claims, data and implementation expertise, Eric keeps his eye trained on the goal of client success,” said Amy Gasbarro, Valenz Chief Operating Officer. “After 15 years with our firm, he has proven time and time again that he is always focused on the future of network strategy and innovative medical cost containment solutions for the self-insured employer.”

Eric brings leadership experience working with self-insured employers, third-party administrators and brokers in the areas of network strategy, claim management, employee benefits design and implementing technology solutions to streamline and accelerate claim operations.

“I’ve long considered it an honor to be part of the Valenz team and having the opportunity to help our clients achieve greater levels of cost containment while improving the health outcomes of their members,” said Eric. “Today, I am proud to join the leadership team to accelerate ecosystem expansion for smarter, better, faster

healthcare in the self-insured industry.”

Before his promotion to Vice President, Eric most recently served as Director of Networks and Implementation at Valenz. In 2019, Eric was selected for the prestigious Valenz Extended Leadership Team (ELT). He is a Certified Professional Coder (CPC) in claim coding and graduated Cum Laude with a bachelor's degree in Business Administration and Management from Northern Arizona University.



THIS YEAR MARKS COMPANION LIFE INSURANCE COMPANY'S 50TH ANNIVERSARY. WE HAVE A LOT TO CELEBRATE.

Fifty years of securing successes and overcoming challenges.

Five decades of developing a strong and stable company.

Half a century of building strong partnerships.

We're not only remembering our past. We're also looking to the future. Let us help you grow your business in the years to come. We can help give you the products and solutions you need.

We're here for you.

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Rated A+ by AM Best Company. Rating as of Dec. 9, 2020. For the latest rating, access ambest.com. Opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders.



VÄLENZ® HIRES CHRIS SHOFFNER AS VICE PRESIDENT, BUSINESS DEVELOPMENT

PHOENIX, AZ – Valenz® announced the appointment of Chris Shoffner as Vice President, Business Development. With nearly 20 years' experience as an advocate for re-imagining employee benefits to achieve better costs and outcomes, Shoffner's expertise aligns well with the mission of the Valenz ecosystem.

“Chris is extremely knowledgeable and passionate about creating a world where employees and employers benefit from health plans that deliver better care at lower costs,”

said Rob Gelb, Chief Executive Officer at Valenz. “His expertise and decades-long track record of pushing for positive change in health plans and the self-funded insurance industry align well with the culture here at Valenz, where every decision we make is designed to enable smarter, better, faster healthcare.”

Before joining Valenz, Shoffner held leadership roles in healthcare consulting and fiduciary services, where he honed his expertise in executive intelligence aimed at improving health plan design, risk management, population health and health literacy.

His specialties include healthcare tax codes, health plan design, disease management, risk management and strategic planning – “all the things health plan fiduciaries should be concerned about today,” Shoffner said.

In 2008, Shoffner was selected by North Carolina state legislators and the Commissioner of Insurance to serve on the 2008-2010 Blue Ribbon Task Force for the state's health plan.

That experience, combined with his extensive knowledge of health plan management and oversight, inspired him to run for the North Carolina House of Representatives in 2016, with his platform heavily focused on controlling healthcare costs.





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SUN LIFE LAUNCHES HEALTH NAVIGATOR POWERED BY PINNACLECARE TO HELP PEOPLE GET THE RIGHT MEDICAL DIAGNOSES AND CARE

WELLESLEY, Mass. -- Imagine you or a family member are diagnosed with cancer, a heart condition, or are suffering from long-term COVID-19 complications. Receiving the diagnosis alone is emotional and overwhelming.

Now you are faced with the daunting and time-consuming task of finding and accessing the right care.

"I've long been a proponent of using data to make good decisions, to indemnify patients from balance billing and protect health plan assets in ways that save money for payers as well as patients and providers," said Shoffner, adding that it was this mutually shared philosophy that drew him to Valenz. "Within the Valenz ecosystem, transparent, data-driven decision enablement is already there, and it's actionable – both from the top-down employer level and for ensuring plan members choose high-quality, lower-cost providers who will deliver the best care for them as individuals."

Nathan Nelson, Senior Vice President of Growth at Valenz, says Shoffner embodies the innovative, can-do mindset that has made Valenz one of the fastest-growing private companies in the country. "We are very excited to welcome Chris aboard," Nelson said. "I speak for the entire executive team when I say we have every confidence in him to move us even further forward in assuring everyone in our ecosystem is strong, vigorous and healthy."

About Valenz

Valenz enables self-insured employers to make better decisions that control costs across the life of a claim while empowering their members to lead strong, vigorous and healthy lives. Valenz offers transparency through data to pinpoint members at highest risk, address gaps in network designs, ensure appropriate and accurate charges, and expertly navigate employees to optimal care solutions for substantial cost savings and improved health outcomes. More information is available at valenzhealth.com. Valenz is backed by Great Point Partners. Visit valenzhealth.com.

It can be difficult and stressful – but it doesn't have to be. Sun Life has launched Health Navigator powered by PinnacleCare to help people navigate the complex healthcare system to get medical opinions, find the right specialists and treatment centers, schedule appointments, and even track down medical records or documentation from various providers.

Health Navigator offers a human-to-human concierge approach to help people confirm that they have the right diagnosis and understand their treatment options so they can make fully informed decisions, leading to better healthcare experiences and improved health outcomes.

Personal Health Advisors give members high-touch, one-on-one support and guidance throughout their healthcare journey, leveraging relationships to

connect them to the right medical providers from an extensive, national network of centers-of-excellence and top experts who specialize in their specific condition.

A team of highly trained physicians, nurses and other medical experts provide support behind the scenes, offering in-depth medical knowledge and deep expertise in nuances of the healthcare system.

"When navigating the healthcare system, people need an advocate who can ensure they are being seen and heard, particularly when facing a serious health condition," said Jen Collier, R.N., senior vice president of Stop-Loss & Health at Sun Life U.S. "Health Navigator not only helps people manage their healthcare journey, it gives them peace of mind and support during a challenging and often scary time in their lives. As someone who has worked within the healthcare and health insurance sectors, I know that health navigation is invaluable and uniquely personal. We are thrilled to expand access to our self-funded clients and their medical plan members."

"High-touch care navigation is not typically available to most people, even though they should be offered to anyone confronting a serious diagnosis" said Miles Varn, M.D., CEO of PinnacleCare. "Digital rolodexes and standardized computer algorithms

can't provide the level of attention and care offered by our Health Advisors who access our team's years of experience curating medical intelligence. By bringing care navigation to more workers and their families, we will expand access to care and help people make the best possible choices about their health."

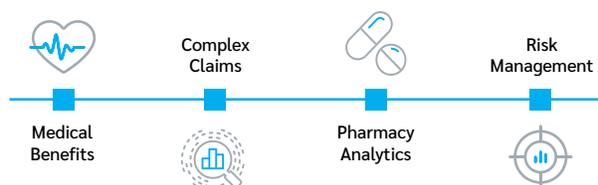
Sun Life is offering the Health Navigator with stop-loss coverage, which covers high-dollar medical claims for employers who self-fund their health plans. Sun Life's holistic approach helps the member with improved care and health outcomes that at the same time can lower costs for both member and employer.

Sun Life is the largest independent stop-loss provider in the U.S., according to data contained in the 2020 NAIC



Our **Complex Claim Consulting Practice** is committed to making your business better.

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Accident and Health Policy Experience Report. An independent stop-loss provider is defined as one that does not also sell medical claim administration services.

Sun Life acquired PinnacleCare in July. As the new Health Navigator rolls out through Sun Life's employer clients, PinnacleCare will continue supporting its individual clients who have engaged their services directly.

SUN LIFE TO ACQUIRE DENTAQUEST, A LEADER IN DENTAL BENEFITS, DOUBLING EMPLOYEE BENEFITS BUSINESS

WELLESLEY, Mass., BOSTON and TORONTO -- Sun Life Financial Inc., through its U.S. business, has entered into a definitive agreement to acquire DentaQuest, for US\$2.475 billion.

Headquartered in Boston and founded in 2001, DentaQuest is the largest provider of Medicaid dental benefits in the U.S. with growing Medicare Advantage, commercial and U.S. Affordable Care Act (ACA) exchange businesses. Currently DentaQuest has more than 33 million members in 36 states and approximately 2,400 employees.

Upon close of the transaction, DentaQuest will become part of the Sun Life U.S. business. Sun Life U.S. currently offers dental benefits through employers for their employee benefits plans and has an extensive national commercial dental network. The acquisition of DentaQuest aligns to Sun Life's business strategy of being a leader in health and group benefits.

"We're excited about the acquisition of DentaQuest and expanding our leadership into the U.S. dental benefits space," said Kevin Strain, President and CEO of Sun Life. "DentaQuest is a values-driven industry leader dedicated to improving oral health, with a focus on underserved populations and access to dental care. The addition of DentaQuest is consistent with our strategy to focus on health and group benefits in the U.S. More importantly, it supports both our Purpose to help Clients achieve lifetime financial security and live healthier lives and our sustainability focus on improving health and wellness outcomes for all."

Upon close, DentaQuest will more than double the size of Sun Life's U.S. employee benefits business by revenues and will position it as a leader in providing government

dental benefits, alongside another leading business at Sun Life U.S., its medical stop-loss business.

"DentaQuest is a great organization that provides high-quality dental care and insurance benefits to tens of millions of people in the United States, with an emphasis on government programs, a fast-growing segment that now rivals the size of the employee benefits space," said Dan Fishbein, M.D., President of Sun Life U.S. "DentaQuest brings Sun Life a leading dental business, and we plan to build on DentaQuest's strength in dental programs along with Sun Life's national commercial provider network and distribution team. DentaQuest's strong values are highly compatible with our own, focused on delivering quality oral health care to all communities. We're thrilled to have DentaQuest's team join us."

"DentaQuest's combination with Sun Life marks an important next step in our long-term transformation that will enhance and broaden our existing capabilities," said Steve Pollock, President and Chief Executive Officer of DentaQuest. "A variety of longstanding barriers have created significant unmet oral health needs, which are disproportionately felt by historically marginalized groups. With support from Sun Life, we will be even better positioned to fulfill this critical need, and we look forward to partnering with them as we begin this exciting next chapter."

Over the past 20 years, DentaQuest has pioneered a differentiated approach to oral health that emphasizes prevention, innovation and expansion of value-based solutions, with a focus on underserved communities.

DentaQuest innovated its Preventistry® model, which aligns providers, payors and members by focusing on access, quality care and measurable outcomes, with its broad and deep Medicaid dental network in the U.S. and its proprietary claims management system, Windward.

In addition to its leadership in Medicaid and Children's Health Insurance Programs (CHIP) programs, DentaQuest has seen robust growth in its Medicare Advantage and other segments, including offerings through health plan partners, as well as individuals on the U.S. ACA healthcare exchanges.

Dental benefits are the second-most popular benefit after health insurance and are growing in importance because of the correlation between oral and overall health.

Dental benefits programs continue to be an area of growth in employer and government benefits programs. Millions of Americans, especially low-income populations and the elderly, have insufficient access to dental care and benefits, spotlighting the importance of the work that DentaQuest does.

The transaction will also enable CareQuest Institute for Oral Health ("CareQuest Institute") to expand on its strategic priorities in support of its mission.

CareQuest Institute, the current parent organization of DentaQuest, is a U.S.-based nonprofit organization that seeks to advance a more accessible, equitable, and integrated oral health system, particularly for underserved communities.

DentaQuest and CareQuest Institute will continue to work closely together

following Sun Life's acquisition of DentaQuest. CareQuest Institute plans to deploy the proceeds from the transaction into programs and initiatives that advance its mission.

"Today marks an important milestone in our journey with DentaQuest to improve the oral health of all, and we believe that Sun Life is the right partner for DentaQuest going forward given their similar cultures and shared purpose," said Myechia Minter-Jordan, MD, MBA, President and Chief Executive Officer of CareQuest Institute. "The transaction will also enable CareQuest Institute to expand on our strategic priorities in support of our mission. We are pleased that CareQuest Institute and DentaQuest will continue to work together closely so that we can advance our mission of creating a more accessible, equitable, and integrated health system."

DentaQuest's minority shareholder, Centerbridge, will also be selling its stake in DentaQuest. "It has been a great pleasure to work so closely with Steve Pollock and the DentaQuest management team, who stand out for their exceptional skill in delivering value for customers, members, and all stakeholders, always in constant pursuit of DentaQuest's important mission," said Dan Osnoss, Senior Managing Director of Centerbridge.

"We are also honored by our association with our partners at CareQuest Institute, who make critical contributions to the wellbeing of so many people. Sun Life is a fantastic home for DentaQuest with complementary capabilities and an aligned mission, and we look forward to their success together."

About Sun Life

Sun Life is a leading international financial services organization providing insurance, wealth and asset management solutions to individual and corporate Clients. Sun Life has operations in a number of markets worldwide, including Canada, the United States, the United Kingdom, Ireland, Hong Kong, the Philippines, Japan, Indonesia, India, China, Australia, Singapore, Vietnam, Malaysia and Bermuda. As of June 30, 2021, Sun Life had total assets under management of C\$1.36 trillion. Visit www.sunlife.com.

Sun Life Financial Inc. trades on the Toronto (TSX), New York (NYSE) and Philippine (PSE) stock exchanges under the ticker symbol SLF.

In the United States, Sun Life is one of the largest group benefits providers, serving more than 55,000 employers in small, medium and large workplaces across the country. Sun Life's broad portfolio of insurance products and services in the U.S. includes disability, absence management, life, dental, vision, voluntary, supplemental health and medical stop-loss. Sun Life and its affiliates in asset management businesses in the U.S. employ approximately 5,500 people. Group insurance policies are issued by Sun Life Assurance Company of Canada (Wellesley Hills, Mass.), except in New York, where policies are issued by Sun Life and Health Insurance Company (U.S.) (Lansing, Mich.). Visit www.sunlife.com/us.

About DentaQuest

DentaQuest is a purpose-driven oral health care company dedicated to improving the oral health of all. We do this through Preventistry® – our all-in approach to better care, expanded access, value-based financing, and innovative solutions. We manage dental and vision benefits for 30+ million Americans and direct patient care through our network of more than 75 oral health centers in six states. We provide outcomes-based, cost-effective dental solutions for Medicaid and CHIP, Medicare Advantage, small and large businesses, and individuals nationwide. And, we've invested more than \$230 million in grants, programs and other corporate citizenship efforts to achieve measurably healthier communities across the country. By advancing prevention-focused oral health, we will achieve better overall health for everyone. Visit www.dentaquest.com.

About CareQuest Institute

CareQuest is a national nonprofit championing a more equitable future where every person can reach their full potential through excellent health. We do this through our work in grantmaking, research, health improvement programs, policy and advocacy, and education as well as our leadership in dental benefits, care delivery, and innovation advancements. We collaborate with thought leaders, health care providers, patients, and local, state, and federal stakeholders, to accelerate oral health care transformation and create a system designed for everyone. Visit carequest.org.



AM BEST UPGRADES ISSUER CREDIT RATINGS AND AFFIRMS FINANCIAL STRENGTH RATINGS OF HM INSURANCE GROUP COMPANIES

PITTSBURGH – Following its annual financial review, AM Best has upgraded the Long-Term Issuer Credit Ratings (Long-Term ICR) to “a+” (Excellent) from “a” (Excellent) and affirmed the Financial Strength Rating (FSR) of A (Excellent) for HM Life Insurance Company, HM Life Insurance Company of New York and Highmark Casualty Insurance Company, all part of HM Insurance Group (HM). The outlook for all ratings is stable.

These ratings reflect balance sheet strength, which AM Best assesses as strongest, as well as adequate operating performance, limited business profile and appropriate enterprise risk management (ERM).

“We are pleased to see AM Best’s continued acknowledgement of our financial strength,” Caleb Knier, chief financial officer, HM Insurance Group, said. “When you’re in the business of providing protection against the financial impact of catastrophic medical claims, you want your brokers and clients to have confidence in your ability to meet your obligations. These ratings help to reinforce our customers’ trust that HM is a stable, well-capitalized carrier.”

The companies of HM Insurance Group were reviewed as part of the annual evaluation of Highmark Inc., of which HM is a diversified business.



About HM Insurance Group

HM Insurance Group (HM) provides insurance and reinsurance coverage to protect businesses from the financial risk associated with catastrophic health care costs. A recognized leader in Employer Stop Loss, the company delivers protection for a range of group sizes. HM also offers managed care solutions, including Provider Excess Loss insurance and Health Plan Reinsurance. HM Life Insurance Company, HM Life Insurance Company of New York and Highmark Casualty Insurance Company are all rated "A" (Excellent) by AM Best Company. Through its insurance companies, HM Insurance Group holds insurance licenses in 50 states and the District of Columbia and maintains sales offices across the country. Visit hmig.com

QBE PARTNERS WITH LEADING CITIES TO AWARD \$100,000 TO PHAREM BIOTECH

Driven by our dedication to resiliency in communities, QBE North America, a national provider of medical stop-loss to self-funded employers, was proud to join forces again with Leading Cities to identify and propel some of the world's most promising startups, addressing a multitude of challenges facing cities everywhere.

The 2021 QBE AcceliCITY Resilience Challenge concluded with the City Solution of the Year awarded to Pharem Biotech, an innovative cleantech company with a highly efficient and sustainable approach to water treatment.

By removing hazardous organic pollutants from water, Pharem Biotech can help by eliminating substances like pharmaceutical waste that enters rivers, lakes and drinking water, which can have devastating effects on underwater wildlife, as well as human health.

Current trends indicate that pharmaceuticals leaking into waterways could increase by two-thirds before mid-century and The World Health Organization has identified this as one of the five top challenges facing the future of humanity.

The \$100,000 award was presented following a four-day intensive boot camp and panel evaluation from representatives of the World Economic Forum, United Nations, Arsht-Rockefeller Foundation Resilience Center, QBE Ventures, and QBE North America.

Part of our QBE DNA is to take care of people and communities and fostering a more resilient and sustainable world is one of the ways that we accomplish this mission.

About QBE

QBE North America is a global insurance leader focused on helping customers solve unique risks, so they can focus on what matters most. Part of QBE Insurance Group Limited, QBE North America reported Gross Written Premiums in 2020 of \$4.8 billion. QBE Insurance Group's 2020 results can be found at www.qbe.com.

Headquartered in Sydney, Australia, QBE operates out of 27 countries around the globe, with a presence in every key insurance market. The North America division, headquartered in New



York, conducts business through its property and casualty insurance subsidiaries. The actual terms and coverage for all lines of business are subject to the language of the policies as issued. QBE insurance companies are rated "A" (Excellent) by A.M. Best and "A+" by Standard & Poor's. Additional information can be found at www.qbe.com/us or follow QBE North America on LinkedIn and Twitter.

BERKLEY ACCIDENT AND HEALTH ANNOUNCES 2021 WINNER OF BERKLEY EDGE EXCELLENCE IN HEALTH RISK MANAGEMENT AWARD

Hamilton Square, NJ – Berkley Accident and Health, a Berkley Company, is proud to announce Cost Plus Advisors as the winner of our 2021 Berkley Edge Excellence in Health Risk Management award.

The Excellence in Health Risk Management award recognizes a stop loss group captive program that has demonstrated strong health risk management strategies and best practices over the past year. This award was announced at this year's Berkley Captive Symposium.

This year's award was awarded to the Cost Plus Advisors program for its dedication to the continual improvement of its health risk strategy.

As part of Cost Plus Advisors' ongoing health risk strategy, all employers in the program use the Cost Plus Model three-prong Rx program, which features a specialty

Rx solution that resulted in close to 70% savings on specialty Rx.

In addition, employers use an innovative reference-based pricing strategy, and many have introduced Studio Sweat, an on-demand workout tool for employees. These forward-thinking strategies have resulted in lower overall costs, which can benefit the employers, employees, and the entire captive program.

"No one solution is a silver bullet. When you put the right risk management pieces together with a group captive program, the results are really, really powerful,"

said Bob Duch, Principal and Co-Founder of Cost Plus Advisors, a OneDigital company. "The whole program is truly greater than the sum of its parts. We're constantly looking at our strategy and evaluating new solutions to make our program better. And our members are doing the same thing – always looking at their health expenses and plowing the savings back into improving the health benefits for their employees. Our members have seen lower claim costs. The captive program is the icing on the cake, because it enables what we do on the claim side to reduce the fixed cost side. It truly is a 1+1=3 scenario."

About Berkley Accident and Health

Berkley Accident and Health is a member of W. R. Berkley Corporation, a Fortune 500 company. Berkley Accident and Health provides an innovative portfolio of accident and health insurance products. It offers four categories of products: Employer Stop Loss, Group Captive, Managed Care (including HMO Reinsurance and Provider Excess), and Specialty Accident. The company underwrites Stop Loss coverage through Berkley Life and Health Insurance Company, rated A+ (Superior) by A.M. Best. Visit BerkleyAH.com.

SILVER MEMBERS

OCCUNET ANNOUNCES CAROL LOCKWOOD AS CHIEF PRODUCTION OFFICER

AMARILLO, TX - OccuNet is pleased to announce the addition of Carol Lockwood as Chief Production Officer. Carol has held various progressive leadership roles throughout her distinguished career in the healthcare industry.

Lockwood has extensive experience within several healthcare market segments such as accident and health, commercial group health, workers compensation, pharmacy benefit management, and dental.

As Chief Production Officer, Carol will lead OccuNet's overall contract strategy and emerging market opportunities, focusing on delivering new and innovative solutions to OccuNet's valued clients and partners.

"Carol is a wonderful addition to our leadership team," says Caleb Fairly, President of OccuNet. "Her wealth of industry knowledge and resources, combined with a track record of delivering exceptional client success, makes her a perfect fit as our company continues to evolve and our solutions within the healthcare industry expand."

Lockwood is no stranger to the company, having served as the Chief Operating Officer of FairRx, OccuNet's Pharmacy Benefit Management solution, for the past year. "I'm excited to begin delivering the greatest savings available to all medical bill payers and to do so as easily and efficiently as possible," says Lockwood. "The culture here at OccuNet is something I've never experienced before. I am more motivated than ever to help deliver results to our clients while contributing to the development of our growing team and client-first culture. OccuNet is a special place."

Carol joined the OccuNet company following eighteen years at Zelis, formerly GlobalCare. At Zelis, she served as Vice President of Product and Vendor Management, in addition to leadership roles within Network Development, IT, and Operations. Before Zelis, she served as Assistant Vice President of National

Contracting at BeechStreet, acquired by MultiPlan.

Lockwood is a native of New York and is active in Boy Scouts of America at the local and national levels. She currently calls Tampa, FL, and Amarillo, TX home, splitting time between both cities. Lockwood has two children and two grandchildren.

About OccuNet

OccuNet is a healthcare innovation company that creates solutions to make healthcare more intelligent, simple, and cost-effective. OccuNet provides a wide array of cost containment solutions to help manage and reduce rising healthcare costs while improving the health and well-being of those we serve. Founded in 1998, OccuNet has 20 plus years of established history, successfully building comprehensive healthcare cost containment solutions. Visit www.occunet.com and call (877) 880-2126.

SMART DATA SOLUTIONS ACHIEVES HITRUST CSF® CERTIFICATION TO FURTHER MITIGATE RISK IN THIRD-PARTY PRIVACY, SECURITY, AND COMPLIANCE

Eagan, MN – Smart Data Solutions, a Minnesota based clearinghouse and medical collateral processing and workflow automation company, announced they have earned the Certified status for information security by HITRUST.

HITRUST CSF Certified status demonstrates that the organization has met key regulations and industry-defined requirements and is appropriately managing risk.

“Organizations, like ours, are under more pressure than ever to meet complex compliance and privacy requirements,” said Patrick Bores, CIO at Smart Data Solutions.

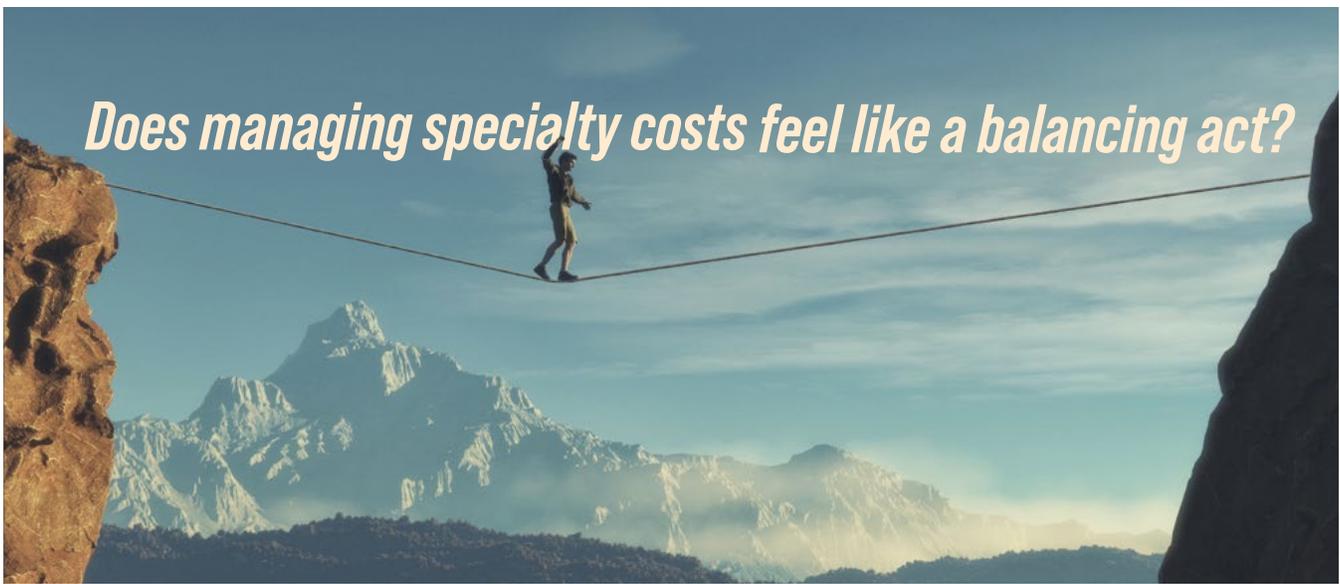
“We are pleased to demonstrate to our customers the highest standards for protecting sensitive data and information by achieving HITRUST CSF Certification.”

Lyndsey Guthrey, Compliance Manager at Smart Data Solutions, added, “We have a relatively mature compliance program and the HITRUST CSF certification process verified that our compliance program is providing the necessary oversight and supporting documentation.”

“In today’s ever-changing threat landscape, HITRUST is continually innovating to find new and creative approaches to address challenges,” said Jeremy Huval, Chief Innovation Officer

at HITRUST. “Smart Data Solutions’ HITRUST CSF Certification is evidence that they are at the forefront of industry best practices for information risk management and compliance.”

This achievement places Smart Data Solutions in an elite group of organizations worldwide that have earned this certification.



Does managing specialty costs feel like a balancing act?

Script Care’s Flexible Specialty Copay Program (FSCP) offers the best of both worlds.

Specialty costs are tricky: Lean too hard on copays and members can no longer afford their medications – leading to expensive medical complications. But if copays are set too low, *the plan* is left shouldering additional costs for these expensive medications.

Script Care’s FSCP helps navigate this troublesome cost dilemma: Our team of specialists secures every available penny of copay assistance for members and, at the same time, the program **reduces the plan’s overall specialty costs by as much as 22%!**

Find balance in your specialty plan - contact us for your free specialty savings analysis today!

www.scriptcare.com // 800.880.9988



By including federal and state regulations, standards, and frameworks, and incorporating a risk-based approach, the HITRUST CSF helps organizations address these challenges through a comprehensive and flexible framework of prescriptive and scalable security controls.

About Smart Data Solutions

As a leader in the healthcare industry, Smart Data Solutions' mission is to make the health care market more efficient by leveraging technology to provide effective, high-quality claims processing solutions. SDS is committed to providing an unparalleled level of customization and places great value on providing personalized service. SDS brings a comprehensive set of tools and processes to every opportunity, which is carefully configured to the individual needs of each customer. Smart Data Solutions has focused on creating innovative solutions specifically to meet the needs of the healthcare market. Today, more than 400 TPAs, PPOs, HMOs, hospitals, and insurance companies depend on SDS for automation of intake, data capture, and front-end workflows for health insurance and claim administration entities. Visit www.sdata.us or contact us at 651.894.6400.



H.H.C GROUP ADDS PROVIDER NETWORK OF AMERICA'S (PNOA) GROUP HEALTH AND WORKERS' COMP

H.H.C Group, one of the country's leading national health care cost containment companies, announced the addition of the Provider Network of America's (PNOA) Group Health and Workers' Comp networks to its list of network partners.

The addition of PNOA is part of HHC's strategy of providing more and deeper discounts for its self-insured clients' group health out-of-network claims and for discounting Workers' Comp health claims below fee schedule in fee schedule states/ securing discounts in non-fee schedule states.

"PNOA is a strong, fast growing PPO network that will enable us to continue to fulfill our mission of finding more ways to minimize our clients' expenditures for the healthcare services their employees and members utilize," said H.H.C. Group's President and CEO Dr. Bruce D. Roffe'.

"PNOA will compliment H.H.C. Group and the services they provide by adding our almost 600,000 providers to their national coverage at more than competitive rates". - Mark Dyer, CEO

About H.H.C. Group

H.H.C. Group is a leading national health insurance consulting company providing a wide range of cost containment solutions for Insurers, Third Party Administrators, Self-Insured Employee Health Plans, Health Maintenance Organizations (HMOs), ERISA and Government Health Plans. H.H.C. Group utilizes a combination of highly skilled professionals and advanced information technology tools to consistently deliver targeted solutions, significant savings and exceptional client service.

H.H.C. Group's services include Claim Negotiation, Claim Repricing, Surprise Bill Claim Resolution, Medicare Reference Based Pricing, DRG Validation, Medical Bill Review (Audit), Claims Editing, Medical Peer Reviews/Independent Reviews, Independent Medical Examinations (IME), Case Management, Utilization Review, Data Mining, Disease Management and Pharmacy Consulting.

Visit www.hhcgroup.com or contact Bob Serber at rserber@hhcgroup.com or 301-963-0762 ext. 163.

About Provider Network of America (PNOA)

PNOA is a directly contracted provider network that partners with hospitals, ancillary facilities, and providers nationwide. PNOA has built a robust national network and is growing at a rate of about 3,000 new providers every week. Medicare based reimbursements and other unique discount methodologies have separated PNOA from the pack in securing affordable healthcare for its members. The PNOA contracting team delivers results FAST by utilizing a proprietary network development process. Complimentary with the network comes an elite and aggressive custom network development piece that includes a provider nomination process and whitespace build out.

Visit www.pnoa-ppo.com or contact Jeremy Ramsland at jramsland@pnoa-ppo.com or 800-472-2636 ext. 3214.

6 DEGREES HEALTH LAUNCHES MEDISHIELD 2.0: PEPM LEGAL REPRESENTATION WITH NO THRESHOLDS

Portland, OR – 6 Degrees Health is proud to announce its newest product offering, MediShield 2.0, an enhanced add-on service that provides legal support for possible balance bill escalations or litigation.

MediShield 2.0 is a PEPM legal product designed to step in when a resolution cannot be reached during the balance bill negotiation process. MediShield is available in all 50 states, provides full legal representation of the member, does not require the claim to be in collections, and provides defense in litigation regardless of the amount of the balance bill (i.e., no balance bill is too small or large). It's affordable legal representation with no thresholds.

"Our new robust legal product is another step in our master plan to resolve balance bills by providing patients with access to nationwide independent legal counsel,

regardless of the amount of the bill, and without any thresholds whatsoever. We are confident that the new product will eliminate patient anxiety and uncertainty that often accompanies balance bills so that employees can focus on living healthy productive lives," stated Bonita Hatchett-Bodle, General Counsel, 6 Degrees Health.

6 Degrees Health knows that not every balance bill requires the help of costly legal counsel. The company built its business on partnering with providers to deliver equitable and transparent healthcare reimbursement.

Unfortunately, some balance bill negotiations do need legal representation to gain an affordable solution for the employer. 6 Degrees Health recognized this need and designed MediShield 2.0 to provide that legal support and to complement their suite of reference-based pricing (RBP) solutions.

For more information on MediShield, please contact Heath Potter, Chief Growth Officer, at heathpotter@6degreeshealth.com, (503) 640-9933 Ext. 1102, and (971) 762-1406 direct.

About 6 Degrees Health

6 Degrees Health is built to bring equity and fairness back into the healthcare reimbursement equation. Industry-leading MediVI technology supports our cost containment solutions with objective, transparent, and defensible data. 6 Degrees Health's solutions include everything from provider market analyses, reasonable value claim reports, ad hoc claim negotiations, evergreening provider contracts, and referenced-based pricing. Our veteran cost containment team partners with health plans and their channel partners to deliver unparalleled cost containment results. Visit www.6degreeshealth.com. ■

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NOVEMBER 2021

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